

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 453.00: ENHANCED RATES FOR CERTAIN HOME- AND COMMUNITY-BASED
SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT

Section

- 453.01: General Provisions
- 453.02: Definitions
- 453.03: Rate Provisions
- 453.04: Filing and Reporting Requirements
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453.01: General Provisions

- (1) Scope. 101 CMR 453.00 governs the payment rates for Certain Home- and Community-based Services related to Section 9817 of the American Rescue Plan Act purchased by a governmental unit including, but not limited to, the Department of Developmental Services (DDS), the Massachusetts Rehabilitation Commission (MRC), the Executive Office of Elder Affairs (EOEA), or MassHealth.
- (2) Applicable Dates of Service. Rates contained in 101 CMR 453.00 apply for dates of service as stated in 101 CMR 453.03.
- (3) Disclaimer of Authorization of Services. 101 CMR 453.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 453.00. Governmental units that purchase the services described in 101 CMR 453.00 are responsible for the definition, authorization, and approval of services provided to clients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 453.00.
- (5) Parent Regulations. 101 CMR 453.00 describes operational add-on rates for certain services whose basic rates are governed by other regulations. For services not included in 101 CMR 453.00, please refer to the parent regulation listed in 101 CMR 453.01(5)

Service	Parent Regulation
Home Health Services	101 CMR 350.00: <i>Rates for Home Health Services</i>
Personal Care Management Services	101 CMR 309.00: <i>Rates for Certain Services for the Personal Care Attendant Program</i>
Adult Foster Care (AFC)	101 CMR 351.00: <i>Rates for Certain Adult Foster Care Services</i>
Home and Community-based Services Waivers	101 CMR 359.00: <i>Rates for Home and Community-based Services Waivers</i>
Continuous Skilled Nursing Services	101 CMR 361.00: <i>Rates for Continuous Skilled Nursing Services</i>
Certain Elder Care Services	101 CMR 417.00: <i>Rates for Certain Elder Care Services</i>

- (6) Service Code Descriptions. In some of the rate charts in 101 CMR 453.03, the service code descriptions have been omitted. For those service code descriptions, see the related service code spreadsheet at <https://www.mass.gov/regulations/101-CMR-45300-rates-for->

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[certain-home-and-community-based-services-related-to-section-9817-of-the-american-rescue-plan-act.](#)

453.02: Definitions

As used in 101 CMR 453.00, terms have the meanings in 101 CMR 453.02, except as otherwise provided.

Client. An individual receiving services purchased by a governmental unit.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.

EOHHS. The Executive Office of Health and Human Services, established under M.G.L. c. 6A.

COVID-19 Payment Rate. A rate that is intended to take into account the change in program model necessary due to COVID-19 requirements, which will be instituted at the discretion of the purchasing governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

453.03: Rate Provisions

(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.

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(4) Approved Rates with Applicable Dates of Service Provided on or after July 1, 2022. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 453.03(4).

(a) Home Health Services. Terms used in 101 CMR 453.03(4)(a) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 350.02: *General Definitions*.

Code	Unit	Rate	Add-on	Total
G0299	Per visit	\$89.21	\$8.92	\$98.13
G0300	Per visit	\$89.21	\$8.92	\$98.13
G0299 UD	Per visit	\$72.30	\$7.23	\$79.53
G0300 UD	Per visit	\$72.30	\$7.23	\$79.53
T1502	Per visit	\$59.14	\$5.91	\$65.05
T1503	Per visit	\$59.14	\$5.91	\$65.05
99058	Per visit	\$28.99	\$2.90	\$31.89
G0151	Per visit	\$71.64	\$7.16	\$78.80
G0152	Per visit	\$74.68	\$7.47	\$82.15
G0153	Per visit	\$76.44	\$7.64	\$84.08
G0156	Per 15 minutes	\$6.73	\$0.67	\$7.40
G0156 UD	Per 15 minutes	\$6.73	\$0.67	\$7.40
G0493	Per visit	\$89.21	\$8.92	\$98.13
G0299 U3	Per visit	\$89.21	\$8.92	\$98.13
G0300 U3	Per visit	\$89.21	\$8.92	\$98.13
99509	Per 15 minutes	\$6.73	\$0.67	\$7.40

(b) Personal Care Management Services. Terms used in 101 CMR 453.03(4)(b) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 309.02: *Definitions*.

Code	Unit	Rate	Add-on	Total
99456	Per Session	\$241.28	\$24.13	\$265.41
99456 TS	Per Session	\$138.67	\$13.87	\$152.54
T1023	Per Session	\$109.93	\$10.99	\$120.92
T2022	Per Session	\$53.63	\$5.36	\$58.99

(c) Adult Foster Care Services. Terms used in 101 CMR 453.03(4)(c) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 351.02: *Definitions*.

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Code	Unit	Rate	Add-on	Total
S5140	<i>Per Diem</i>	\$48.10	\$4.81	\$52.91
S5140 TG	<i>Per Diem</i>	\$82.67	\$8.27	\$90.94
S5140 TF	<i>Per Diem</i>	\$48.10	\$4.81	\$52.91
S5140 U5	<i>Per Diem</i>	\$82.67	\$8.27	\$90.94
S5140 U6	<i>Per Diem</i>	\$48.10	\$4.81	\$52.91
S5140 TG U6	<i>Per Diem</i>	\$82.67	\$8.27	\$90.94
S5140 U7	<i>Per Diem</i>	\$48.10	\$4.81	\$52.91
S5140 TG U7	<i>Per Diem</i>	\$82.67	\$8.27	\$90.94
T1028	Per Admission	\$242.38	\$24.24	\$266.62

(d) Home and Community-based Services Waiver. Terms used in 101 CMR 453.03(4)(d) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 359.02: *Definitions*.

Service	HCBS Waiver	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
						Individual Provider (Self-employed Provider)	Self-directed Service
Adult Companion	ABI-N	Per 15 Min.	\$5.39	\$0.54	\$5.93	89.75% of Agency Rate	N/A
Adult Companion	MFP-CL	Per 15 Min.	\$5.39	\$0.54	\$5.93	89.75% of Agency Rate	89.75% of Agency Rate
Assisted Living	ABI-RH, MFP-RS	<i>Per Diem</i>	\$106.76	\$10.68	\$117.44	N/A	N/A
Chore	ABI-N	Per 15 Min.	\$8.76	\$0.88	\$9.64	N/A	N/A
Chore	MFP-CL	Per 15 Min.	\$8.76	\$0.88	\$9.64	89.75% of Agency Rate	89.75% of Agency Rate
Community-based Day Supports	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per 15 Min.	See 101 CMR 415.00: <i>Community-based Day Support Services</i> .			N/A	N/A

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Service	HCBS Waiver	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
						Individual Provider (Self-employed Provider)	Self-directed Service
Community Support and Navigation	MFP-CL, MFP-RS	Per 15 Min.	\$13.97	\$1.40	\$15.37	N/A	N/A
Community Family Training	MFP-CL	Per 15 Min.	<i>See 101 CMR 414:00: Family Stabilization Services.</i>			89.75% of Agency Rate	N/A
Day Services	ABI-N, ABI-RH, MFP-CL, MFP-RS	<i>Per Diem</i>	\$120.87	\$12.09	\$132.96	N/A	N/A
Day Services	ABI-N, ABI-RH, MFP-CL, MFP-RS	<i>Partial Per Diem</i>	\$60.43	\$6.05	\$66.48	N/A	N/A
Home Health Aide	MFP-CL	Per 15 Min.	<i>See 101 CMR 453.03(4)(a): Home Health Services.</i>			N/A	N/A
Homemaker	ABI-N	Per 15 Min.	\$6.30	\$0.63	\$6.93	N/A	N/A
Homemaker	MFP-CL	Per 15 Min.	\$6.30	\$0.63	\$6.93	89.75% of Agency Rate	89.75% of Agency Rate
Independent Living Supports	MFP-CL	<i>Per Diem</i>	\$83.88	\$8.39	\$92.27	N/A	N/A
Individual Support and Community Habilitation	ABI-N	Per 15 Min.	<i>See Levels G - H in 101 CMR 423:00: In-home Basic Living Supports.</i>			89.69% of Agency Rate	N/A
Individual Support and Community Habilitation	MFP-CL, MFP-RS	Per 15 Min.	<i>See Levels G - H in 101 CMR 423:00: In-home Basic Living Supports.</i>			89.69% of Agency Rate	89.69% of Agency Rate

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Service	HCBS Waiver	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
						Individual Provider (Self-employed Provider)	Self-directed Service
Occupational Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Visit	See 101 CMR 453.03(4)(a): <i>Home Health Services.</i>			See 101 CMR 339.00: <i>Rates for Restorative Services</i> (out-of-office visit rate)	N/A
Orientation and Mobility Services	MFP-CL, MFP-RS	Per 15 Min	Level I: \$32.00 Level II: \$35.38 Level III: \$38.75	Level I: \$3.20 Level II: \$3.54 Level III: \$3.88	Level I: \$35.20 Level II: \$38.92 Level III: \$42.63	Level I: \$32.00 Level II: \$35.38 Level III: \$38.75	N/A
Peer Support	MFP-CL, MFP-RS	Per 15 Min.	See 101 CMR 414:00: <i>Rates for Family Stabilization Services.</i>			89.75% of Agency Rate	89.75% of Agency Rate
Personal Care	ABI-N	Per 15 Min.	\$6.35	\$0.64	\$6.99	N/A	N/A
Personal Care	MFP-CL	Per 15 Min.	\$6.35	\$0.64	\$6.99	See 101 CMR 309:00: <i>Rates for Certain Services for the Personal Care Attendant Program.</i>	
Physical Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Visit	See 101 CMR 453.03(4)(a): <i>Home Health Services.</i>			See 101 CMR 339.00: <i>Rates for Restorative Services</i> (out-of-office visit rate)	N/A
Prevocational Services	MFP-CL, MFP-RS	Per 15 Min.	\$9.35	\$0.94	\$10.29	N/A	N/A

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Service	HCBS Waiver	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
						Individual Provider (Self-employed Provider)	Self-directed Service
Residential Family Training	MFP-RS	Per 15 Min.	See 101 CMR 414.00: Rates for Family Stabilization Services.			89.75% of Agency Rate	N/A
Residential Habilitation Services	ABI-RH, MFP-RS	Per Diem	See 101 CMR 420.00: Rates for Adult Long-term Residential Services.			NA	NA
Shared Home Supports	MFP-CL	Per Diem	See 101 CMR 411.00: Rates for Certain Placement, Support, and Shared Living Services. (Shared Living Operational Rate Level A, Stipend Levels 1, 2, or 3)			N/A	N/A
Shared Living – 24 Hour Supports	ABI-RH, MFP-RS	Per Diem	See 101 CMR 411.00: Rates for Certain Placement, Support, and Shared Living Services.			N/A	N/A
Skilled Nursing – LPN	MFP-CL, MFP-RS	Per Visit	See 101 CMR 453.03(4)(a): Home Health Services.			N/A	N/A
Skilled Nursing – RN	MFP-CL, MFP-RS	Per Visit	See 101 CMR 453.03(4)(a): Home Health Services.			N/A	N/A
Specialized Medical Equipment	ABI-N, ABI-RH, MFP-CL, MFP-RS	Item	See 101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.			N/A	N/A
Speech Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Visit	See 101 CMR 453.03(4)(a): Home Health Services.			See 101 CMR 339.00: Rates for Restorative Services (out-of-office visit rate)	N/A
Supported Employment	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per 15 Min.	See 101 CMR 419.00: Rates for Supported Employment Services. (rate for Individual Supported Employment)			N/A	N/A

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Service	HCBS Waiver	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
						Individual Provider (Self-employed Provider)	Self-directed Service
Transitional Assistance	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Episode	Service Component: I.C plus 10% Goods Component: I.C.			N/A	N/A
Transportation	ABI-N, ABI-RH, MFP-CL, MFP-RS	One-way Trip	See 101 CMR 327.00: Rates of Payment for Ambulance and Wheelchair Van Services.			N/A	N/A
Supportive Home Care Aide	MFP-CL	Per 15 Min.	\$7.61	\$0.76	\$8.37	N/A	N/A

(e) Continuous Skilled Nursing Services. Terms used in 101 CMR 453.03(4)(e) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 361.02: *General Definitions*.

Code	Unit	Rate (Agency)	Add-on (Agency)	Total (Agency)	Rate (Individual)	Add-on (Individual)	Total (Individual)
T1002	15 minutes	\$16.21	\$1.62	\$17.83	\$13.32	\$1.33	\$14.65
T1002 UJ	15 minutes	\$17.22	\$1.72	\$18.94	\$14.24	\$1.42	\$15.66
T1002	15 minutes	\$22.42	\$2.24	\$24.66	\$19.08	\$1.91	\$20.99
T1003	15 minutes	\$13.37	\$1.34	\$14.71	\$11.09	\$1.11	\$12.20
T1003 UJ	15 minutes	\$14.21	\$1.42	\$15.63	\$11.88	\$1.19	\$13.07
T1003	15 minutes	\$18.60	\$1.86	\$20.46	\$15.98	\$1.60	\$17.58
T1002 TT	15 minutes	\$22.80	\$2.28	\$25.08	\$19.25	\$1.93	\$21.18
T1002 U1	15 minutes	\$24.28	\$2.43	\$26.71	\$20.65	\$2.07	\$22.72
T1002 TT	15 minutes	\$32.08	\$3.21	\$35.29	\$27.89	\$2.79	\$30.68
T1003 TT	15 minutes	\$18.90	\$1.89	\$20.79	\$16.10	\$1.61	\$17.71
T1003 U1	15 minutes	\$20.15	\$2.02	\$22.17	\$17.27	\$1.73	\$19.00
T1003 TT	15 minutes	\$26.75	\$2.68	\$29.43	\$23.41	\$2.34	\$25.75
T1002 U2	15 minutes	\$27.24	\$2.72	\$29.96	\$22.33	\$2.23	\$24.56
T1002 U3	15 minutes	\$28.98	\$2.90	\$31.88	\$23.95	\$2.40	\$26.35
T1002 U2	15 minutes	\$38.09	\$3.81	\$41.90	\$32.41	\$3.24	\$35.65
T1003 U2	15 minutes	\$22.94	\$2.29	\$25.23	\$18.67	\$1.87	\$20.54
T1003 U3	15 minutes	\$24.41	\$2.44	\$26.85	\$20.05	\$2.01	\$22.06

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Code	Unit	Rate (Agency)	Add-on (Agency)	Total (Agency)	Rate (Individual)	Add-on (Individual)	Total (Individual)
T1003 U2	15 minutes	\$32.11	\$3.21	\$35.32	\$27.20	\$2.72	\$29.92
T1002 TU	15 minutes	\$22.42	\$2.24	\$24.66	\$19.08	\$1.91	\$20.99
T1002 U4	15 minutes	\$23.92	\$2.39	\$26.31	\$20.47	\$2.05	\$22.52
T1002 TU	15 minutes	\$31.72	\$3.17	\$34.89	\$27.72	\$2.77	\$30.49
T1003 TU	15 minutes	\$18.60	\$1.86	\$20.46	\$15.98	\$1.60	\$17.58
T1003 U4	15 minutes	\$19.87	\$1.99	\$21.86	\$17.15	\$1.72	\$18.87
1003 TU	15 minutes	\$26.46	\$2.65	\$29.11	\$23.27	\$2.33	\$25.60

(f) Certain Elder Care Services. Terms used in 101 CMR 453.03(4)(f) that have not been defined elsewhere in 101 CMR 453.00 have the meanings in 101 CMR 417.02: *Definitions*.

Certain Elder Care Services	Unit of Service	Rate	Add-on	Total
Enhanced Community Options Program (ECOP) Direct Services	Per client per month	\$749.47	\$74.95	\$824.42
Home Care Program Services Direct Services	Per client per month	\$326.35	\$32.64	\$358.99

(5) Rates with Applicable Dates of Service Provided on or after July 1, 2023.

Service	Rate (Refer to the rate listed in the cited regulation.)
Home Health Services	101 CMR 350.00: <i>Rates for Home Health Services</i>
Personal Care Management Service Program	101 CMR 309.00: <i>Rates for Certain Services for the Personal Care Attendant Program</i>
Adult Foster Care (AFC)	101 CMR 351.00: <i>Rates for Certain Adult Foster Care Services</i>
Home and Community-based Services Waivers	101 CMR 359.00: <i>Rates for Home and Community-based Services Waivers</i>
Continuous Skilled Nursing Services	101 CMR 361.00: <i>Rates for Continuous Skilled Nursing Services</i>
Certain Elder Care Services	101 CMR 417.00: <i>Rates for Certain Elder Care Services</i>

453.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or the purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

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- (2) Required Reports. Each provider must file
- (a) an annual Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;
 - (b) any cost report supplemental schedule as issued by EOHHS; and
 - (c) any additional information requested by EOHHS within 21 days of a written request.
- (3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 453.04(3).

453.05: Severability

The provisions of 101 CMR 453.00 are severable. If any provision of 101 CMR 453.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 453.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 453.00: M.G.L. c. 118E.